

United States District Court
for
Middle District of Tennessee

Report on Offender Under Supervision

Name of Offender: Moises Silva

Case Number: 3:09-00150-08

Name of Sentencing Judicial Officer: Honorable Todd J. Campbell, U.S. District Judge

Date of Original Sentence: July 13, 2011

Original Offense: 21 U.S.C. 846, Conspiracy to Distribute and Possess with Intent to Distribute Five Kilograms or More of Cocaine

Original Sentence: 46 months' custody followed by 5 years' supervised release

Type of Supervision: Supervised Release Date Supervision Commenced: February 22, 2013

Assistant U.S. Attorney: Brent A. Hannafan

Defense Attorney: Michael Terry

THE COURT ORDERS:

- No Action at this time
 The Issuance of a Warrant
 Sealed Pending Warrant Execution
 (cc: U.S. Probation and U.S. Marshal only)
 The Issuance of a Summons
 Other

I declare under penalty of perjury
that the foregoing is true and correct.
Respectfully submitted,

Kara Sanders

Kara Sanders
U.S. Probation Officer

Considered this 22 day of March, 2013,
and made a part of the records in the above case.

Todd Campbell

Todd J. Campbell
U.S. District Judge

Place Nashville, Tennessee

Date March 22, 2013

ALLEGED VIOLATIONS

The probation officer believes that the offender has violated the following condition(s) of supervision:

Violation No. Nature of Noncompliance

1. **The defendant shall not commit another federal, state or local crime.**

On March 6, 2013, at approximately 6:00 a.m. Mr. Silva was arrested in Columbia, Tennessee and charged with two counts of Contributing to the Delinquency of a Minor. The arrest report is attached for Your Honor's review.

The Maury County Sheriff's Department responded to a suspicious vehicle call at 2430 Steve Drive, Columbia, Tennessee. Sheriff's Deputy Webster responded and the two males in the vehicle reported they were "waiting on a guy they were picking up." Officer Webster was aware there were two juvenile females who resided at the residence and he approached the house to check their welfare. The grandmother of the females answered the door. She allowed Deputy Webster to search the home and Mr. Silva was found hiding in a closet in the bedroom where a 15 year-old and 17 year-old female were residing. The females denied knowing he was in the home, but it was discovered later that they were with Mr. Silva at a party the previous evening and he returned home with them around 5:00 a.m. Mr. Silva is 28 years-old. Both of the females were charged with curfew violations and one with underage consumption.

Mr. Silva did report the arrest after bonding out of custody. He reported for a drug test on March 7, 2013, and was negative for illegal substances, however, did admit to drinking alcohol on or about March 6, 2013. His next Court date is April 3, 2013.

Compliance with Supervision Conditions and Prior Interventions:

Moises Silva began his term of supervised release on February 22, 2013, and is scheduled to terminate supervision on February 21, 2018.

He resides in Columbia, Tennessee with his sister, Maria Silva, and reports he is looking for employment. Mr. Silva has a mental health evaluation pending with Centerstone Mental Health in Columbia, Tennessee. He did attend mental health and substance abuse treatment, with the Evelyn Frye Center, during his Bureau of Prisons confinement at Dierson Charities from August 2012 to February 2013.

U.S. Probation Officer Recommendation:

It is respectfully requested that no action be taken at this time and Mr. Silva be allowed to continue on supervision. However, these violations may be considered in the future, if necessary. Any conviction on the reported charges or future violations will be promptly reported to the Court.

The U.S. Attorney's Office concurs with the probation officer's recommendation.

Approved:



Britton Shelton
Supervisory U.S. Probation Officer

ADMINISTRATIVE	CASE NO. 021229_395382119	REPORTING OFFICER Webster 140	INCIDENT REPORT MAURY COUNTY SHERIFF'S DEPARTMENT TN0600000		INCIDENT STATUS <input type="checkbox"/> UNFOUNDED <input checked="" type="checkbox"/> CLEARED BY <input type="checkbox"/> ARREST <input type="checkbox"/> CLEARED <input type="checkbox"/> EXCEPTIONALLY	EXCEPTIONAL CLEARANCE A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DECLINED D <input type="checkbox"/> REFUSED TO COOPERATE E <input type="checkbox"/> JUVENILE, NO CUSTODY N <input type="checkbox"/> NOT APPLICABLE		
	ZONE <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> CITY <input type="checkbox"/> 2 <input type="checkbox"/> 4	ASSISTING OFFICER Voss 106 / Wray 120			DATE 03/06/2013	TD 05:08	TA 05:09	TA 05:17
	REPORT CLASS <input checked="" type="checkbox"/> ARREST <input type="checkbox"/> OFFENSE	REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> SUPPLEMENT	OCCURRENCE DATE 03/06/2013	OCCURRENCE TIME 06:22	REPORT DATE 03/06/2013	AT 06:22	TJ 06:32	TC 07:09
	INCIDENT LOCATION 2430 Steve Drive							
					OFFENSE	UCR CODE	TCA CODE	OFFICE USE ONLY
	1. Contributing to the delinquency of a minor				90z	37-1-156		
	2. Contributing to the delinquency of a minor				90z	37-1-156		
	3.							
	4.							
	5.							
OFFENSE	BIAS MOTIVATION FOR OFFENSE #1							
	RACIAL				RELIGIOUS		DISABILITY	
	11 <input type="checkbox"/> ANTI-WHITE	21 <input type="checkbox"/> ANTI-JEWISH	52 <input type="checkbox"/> ANTI-PHYSICAL					
	12 <input type="checkbox"/> ANTI-BLACK	22 <input type="checkbox"/> ANTI-CATHOLIC	53 <input type="checkbox"/> ANTI-MENTAL					
	13 <input type="checkbox"/> ANTI-AMERICANIAN INDIAN	23 <input type="checkbox"/> ANTI-PROTESTANT	88 <input checked="" type="checkbox"/> NONE					
	ALASKAN NATIVE	24 <input type="checkbox"/> ANTI-ISLAMIC (MOSLEM)	99 <input type="checkbox"/> UNKNOWN					
	14 <input type="checkbox"/> ANTI-ASIAN / PACIFIC ISLANDER	25 <input type="checkbox"/> ANTI-OTHER RELIGION						
	15 <input type="checkbox"/> ANTI-MULTI RACIAL GROUP	26 <input type="checkbox"/> ANTI-MULTI-RELIGIOUS GROUP						
		27 <input type="checkbox"/> ANTI-ATHEISM / AGNOSTICISM						
			ENTER BIAS MOTIVATION CODE IF DIFFERENT FROM OFFENSE #1					
ETHNICITY / NATIONAL ORGIN				SEXUAL				
31 <input type="checkbox"/> ANTI-ARAB	41 <input type="checkbox"/> ANTI-MALE HOMOSEXUAL (GAY)	#2	88					
32 <input type="checkbox"/> ANTI-HISPANIC	42 <input type="checkbox"/> ANTI-FEMALE HOMOSEXUAL (LESBIAN)	#3						
33 <input type="checkbox"/> ANTI-OTHER ETHNICITY /	43 <input type="checkbox"/> ANTI-HOMOSEXUAL (GAYS AND LESBIANS)	#4						
NATIONAL ORGIN	44 <input type="checkbox"/> ANTI-HETROSEXUAL	#5						
	45 <input type="checkbox"/> ANTI-BISEXUAL							
OFFENSE STATUS (CHECK ONLY ONE PER OFFENSE)								
01 <input type="checkbox"/> AIR / BUS / TRAIN TERMINAL	09 <input type="checkbox"/> DRUG STORE / DR OFFICE /	17 <input type="checkbox"/> LIQUOR STORE	1. A <input type="checkbox"/> ATTEMPTED	2. A <input type="checkbox"/> ATTEMPTED	3. A <input type="checkbox"/> ATTEMPTED			
02 <input type="checkbox"/> BANK / SAVINGS & LOAN	HOSPITAL	18 <input type="checkbox"/> PARKING LOT / GARAGE	C <input checked="" type="checkbox"/> COMPLETED	C <input checked="" type="checkbox"/> COMPLETED	C <input type="checkbox"/> COMPLETED			
03 <input type="checkbox"/> BAR / NIGHT CLUB	10 <input type="checkbox"/> FIELD / WOODS	19 <input type="checkbox"/> RENTAL / STORAGE FACILITY						
04 <input type="checkbox"/> CHURCH / SYNAGOGUE /	11 <input type="checkbox"/> GOVERNMENT / PUBLIC BUILDING	20 <input checked="" type="checkbox"/> RESIDENCE HOME	4. A <input type="checkbox"/> ATTEMPTED	5. A <input type="checkbox"/> ATTEMPTED				
TEMPLE	12 <input type="checkbox"/> GROCERY / SUPERMARKET	21 <input type="checkbox"/> RESTAURANT	C <input type="checkbox"/> COMPLETED	C <input type="checkbox"/> COMPLETED				
05 <input type="checkbox"/> COMMERCIAL / OFFICE	13 <input type="checkbox"/> HIGHWAY / ROAD / ALLEY	22 <input type="checkbox"/> SCHOOL / COLLEGE						
BUILDING	14 <input type="checkbox"/> HOTEL / MOTEL / ECT	23 <input type="checkbox"/> SERVICE / GAS STATION						
06 <input type="checkbox"/> CONSTRUCTION SITE	15 <input type="checkbox"/> JAIL / PRISON	24 <input type="checkbox"/> SPECIALTY STORE (TV, FURN, ECT)						
07 <input type="checkbox"/> CONVENIENCE STORE	16 <input type="checkbox"/> LAKE / WATERWAY	25 <input type="checkbox"/> OTHER / UNKNOWN						
08 <input type="checkbox"/> DEPARTMENT / DISCOUNT STORE								
FOR BURGLARIES / ROBBERIES ONLY								
DID INCIDENT INVOLVE A HOME INVASION <input type="checkbox"/> YES <input type="checkbox"/> NO				# OF PREMISES ENTERED				
				METHOD OF ENTRY <input type="checkbox"/> FORCIBLE <input type="checkbox"/> NO FORCE				
TYPE OF CRIMINAL ACTIVITY: (CHECK UP TO THREE)				TYPE WEAPON / FORCE INVOLVED: (CHECK UP TO THREE)		#2 <input type="checkbox"/> #3 <input type="checkbox"/>		
B <input type="checkbox"/> BUYING / RECEIVING	FIREARM	PERSOANL WEAPONS	#4 <input type="checkbox"/> #5 <input type="checkbox"/>					
C <input type="checkbox"/> CULTIVATING / MANUFACTURING / PUBLISHING	HANDGUN	POISON						
D <input type="checkbox"/> DISTRIBUTING / SELLING	RIFLE	EXPLOSIVES						
E <input type="checkbox"/> EXPLOITING CHILDREN	SHOTGUN	FIRE / INCENDIARY						
O <input type="checkbox"/> OPERATING / PROMOTING / ASSISTING	OTHER FIREARM	NARCOTICS / DRUGS						
P <input type="checkbox"/> POSSESSING / CONCEALING	KNIFE / CUTTING INSTR.	ASPHYXIATION						
T <input type="checkbox"/> TRANSPORTING / TRANSMITTING / IMPORTING	BLUNT OBJECT	OTHER						
U <input type="checkbox"/> USING / CONSUMING	MOTORVEHICLE	UNKNOWN <input checked="" type="checkbox"/> NONE						
OFFENDER(S) USED								
A <input type="checkbox"/> ALCOHOL								
C <input type="checkbox"/> COMPUTER EQUIPMENT								
D <input type="checkbox"/> DRUGS								
N <input checked="" type="checkbox"/> NOT APPLICABLE								
GANG ACTIVITY				NAME		GANG TYPE		
<input type="checkbox"/> JUVENILE GANG	GANG #1		T <input type="checkbox"/> PRISON GANGS / SECURITY	#2 <input type="checkbox"/> #3 <input type="checkbox"/>				
<input type="checkbox"/> OTHER GANG			THREAT GROUP	C <input type="checkbox"/> ORGANIZED CRIME				
<input type="checkbox"/> JUVENILE & OTHER			S <input type="checkbox"/> STREET GANG	R <input type="checkbox"/> TERRORIST /				
<input checked="" type="checkbox"/> NO GANG ACTIVITY	GANG #2		O <input type="checkbox"/> OUTLAW MOTORCYCLE GANG	SUBVERSIVE GROUP				
OFFICE USE ONLY						M <input type="checkbox"/> MISCELLANEOUS		
APPROVED BY:						DATE:		

TYPE OF PROPERTY LOSS/ECT. (ENTER NUMBER IN TYPE PROPERTY LOSS COLUMN BELOW)											
<input checked="" type="checkbox"/> 1.NONE <input type="checkbox"/> 2.BURNED <input type="checkbox"/> 3.COUNTERFEITED / FORGED <input type="checkbox"/> 4.DESTROYED / DAMAGED <input type="checkbox"/> 5.RECOVERED <input type="checkbox"/> 6.SEIZED <input type="checkbox"/> 7.STOLEN <input type="checkbox"/> 8.UNKNOWN											
PROPERTY CODE	PROPERTY DESCRIPTION (INCLUDING MAKE, MODEL, SIZE, TYPE, COLOR, ECT.)			QUANTITY	VALUE	TYPE PROPERTY LOSS	SERIAL #	DATE RECOVERED (MM / DD / YY)	RECOVERED QUANTITY	RECOVERED VALUE	
PROPERTY											
IF THE OFFENSE IS ARSON AND THE PROPERTY WAS A STRUCTURE, WAS THE STRUCTURE OCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO											
PROPERTY CATEGORY TABLE (ENTER NUMBER IN CODE COLUMN ABOVE)											
01 AIRCRAFT	11 DRUGS / NARCOTIC EQUIPMENT	20 MONEY	29 STRUCTURES-SINGLE OCCUPANCY DWELLINGS	34 STRUCTURES-STORAGE							
02 ALCOHOL	12 FARM EQUIPMENT	21 NEGOTABLE INSTRUMENTS	30 STRUCTURES-OTHER DWELLINGS	35 STRUCTURES-OTHER							
03 AUTOMOBILES	13 FIREARMS	22 NONNEGOTABLE INSTRUMENTS	31 STRUCTURES-OTHER COMMERCIAL / BUSINESS	36 TOOLS-POWER / HAND							
04 BICYCLES	14 GAMBLING EQUIPMENT	23 OFFICE-TYPE EQUIPMENT	32 STRUCTURES-INDUSTRIAL / MANUFACTURING	37 TRUCKS							
05 BUSES	15 HEAVY CONSTRUCTION / INDUSTRIAL EQUIPMENT	24 OTHER MOTHER VEHICLES	33 STRUCTURES-PUBLIC / COMMUNITY	38 VEHICL PARTS / ASSESORIES							
06 CLOTHES / FURS	16 HOUSEHOLD GOODS	25 PURSES / HANDBAGS / WALLETS		39 WATERCRAFT							
07 COMPUTER HARDWARE / SOFTWARE	17 JEWELRY / PRECIOUS METALS	26 RADIOS / TVs / VCR'S		77 OTHER							
08 CONSUMABLE GOODS	18 LIVESTOCK	27 RECORDINGS-AUDIO / VISUAL		88 PENDING INVENTORY							
09 CREDIT / DEBIT CARDS	19 MERCHANDISE	28 RECREATIONAL VEHICLES		99 SPECIAL							
10 DRUGS / NARCOTICS											
LICENSE NO:	STATE:	STYLE	MAKE	YEAR	VEHICLE ID #:						
			MODEL	COLOR							
DESCRIPTION:					PARTS:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
LICENSE NO:	STATE:	STYLE	MAKE	YEAR	VEHICLE ID #:						
			MODEL	COLOR							
DESCRIPTION:					PARTS:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
VEHICLE	LICENSE NO:	STATE:	STYLE	MAKE	YEAR	VEHICLE ID #:					
DRUG	ESTIMATED QUANTITY	TYPE / MEASUREMENT	DRUG TYPES:	#2	#3	TYPE OF DRUG MEASUREMENTS					
DRUG #1			A. <input type="checkbox"/> CRACK COCAINE	G. <input type="checkbox"/> OPIUM	M. <input type="checkbox"/> OTHER STIMULANTS	WEIGHT: GM=GRAM	CAPACITY: ML=MILLITER	UNITS: DU=DOSAGE			
DRUG #2			B. <input type="checkbox"/> COCAINE (OTHER)	H. <input type="checkbox"/> OTHER NARCOTICS	N. <input type="checkbox"/> BARBITURATES	KG=KILOGRAM	LT=LITTER	UNIT			
DRUG #3			C. <input type="checkbox"/> HASHISH	I. <input type="checkbox"/> LCD	O. <input type="checkbox"/> OTHER DEPRESSANTS	OZ=OUNCE	FL=FLUID	NP=NO. OF PLANTS			
			D. <input type="checkbox"/> HEROIN	J. <input type="checkbox"/> PCP	P. <input type="checkbox"/> OTHER DRUGS	LB=POUND	Ounce	GL=GALLON			
			E. <input type="checkbox"/> MARIJUANA	K. <input type="checkbox"/> OTHER HALLUEIN	U. <input type="checkbox"/> UNKNOWN TYPE			XXX= NOT REPORTED			
			F. <input type="checkbox"/> MORPHINE	L. <input type="checkbox"/> AMPHET./METH.	X. <input type="checkbox"/> OVER THREE TYPE						
IF MARIJUANA IS CHOSEN, PROVIDE THE INFORMATION BELOW											
<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	<input type="checkbox"/> BOTH	NUMBER OF PLOTS:	LONGITUDE:			LATITUDE:				
TYPE OF LEOKA:			TYPE OF VEHICLE:			CIRCUMSTANCES INVOLVED:					
N <input checked="" type="checkbox"/> NOT LEOKA INCIDENT			01 <input type="checkbox"/> TWO-MAN VEHICLE UNIFORMED OFFICER			01 <input type="checkbox"/> RESPONDING TO DISTURBANCE - (DOMESTIC)					
A <input type="checkbox"/> LAW ENFORCEMENT OFFICER			02 <input type="checkbox"/> ONE-MAN VEHICLE ALONE UNIFORMED			02 <input type="checkbox"/> RESPONDING TO DISTURBANCE - (OTHER)					
ASSAULTED			OFFICER			03 <input type="checkbox"/> BURGLARIES IN PROGRESS / PURSUING BURGLARY SUSPECTS					
F <input type="checkbox"/> LAW ENFORCEMENT OFFICIAL			03 <input type="checkbox"/> ONE-MAN VEHICLE ASSISTED			04 <input type="checkbox"/> ROBBERIES IN PROGRESS / PURSUING ROBBERY SUSPECTS					
KILLED (FELONY)			04 <input type="checkbox"/> DETECTIVE/ SPECIAL ASSIGNMENT ALONE			05 <input type="checkbox"/> ATTEMPTING OTHER ARRESTS					
O <input type="checkbox"/> LAW ENFORCEMENT OFFICIAL			05 <input type="checkbox"/> DETECTIVE/SPECIAL ASSUGBNBET			06 <input type="checkbox"/> CIVIL DISORDERS					
KILLED (ACCIDENT /			ASSISTED			07 <input type="checkbox"/> HANDLING / TRANSPORTING PRISONERS					
NEGLECTFUL / OTHER)			06 <input type="checkbox"/> OTHER ALONE			08 <input type="checkbox"/> INVESTIGATING SUSPICIOUS PERSONS / CIRCUMSTANCES					
			07 <input type="checkbox"/> OTHER ASSISTED			09 <input type="checkbox"/> AMBUSH, NO WARNING					
						10 <input type="checkbox"/> MENTALLY DERANGED					
						11 <input type="checkbox"/> TRAFFIC PURSUITS AND STOPS					
						12 <input type="checkbox"/> ALL OTHERS					

WITNESS	WITNESS #1 NAME: (LAST, MIDDLE, FIRST)	RESIDENIAL PHONE:
	ADDRESS (STREET, CITY, ZIP)	BUSINESS PHONE:
COMPL	WITNESS #2 NAME: (LAST, MIDDLE, FIRST)	RESIDENIAL PHONE:
	ADDRESS (STREET, CITY, ZIP)	BUSINESS PHONE:
NARRATIVE	<p>On this date I was dispatched to Steve Drive in regards to a suspicious vehicle in the road. Upon my arrival I found a vehicle partially in the roadway occupied by two males. As I spoke to them they advised they were waiting on a guy they were picking up from a residence. They pointed to 2430 Steve Drive. They advised all they know is the guy is called "Mo". The driver of the vehicle advised he had contact with "Mo" via text. I told the driver to tell "Mo" to come outside. As I addressed the situation in the street, a good period of time passed and "Mo" did not come out.</p> <p>2430 Steve Drive is a house I am familiar with due to a previous call. I remembered it had at least two juvenile females who lived with their dad. There was no vehicle in the drive way which led me to believe dad was not home. After speaking to Sgt Voss I approached the house to check welfare. I was greeted at the door by a female who was the juveniles grandmother. She advised there was no one at the house but allowed me to come in and check. She took me to the back bedroom where I found two females 15 and 17 years old laying in bed with the light on. The didn't know anything about "Mo" being at the house. I opened the closet to find Moises Silva hiding. Silva advised me that he was 28 years old. I place Silva in hand cuffs and advised him he was being detained at 05:45. He was not officially arrested until 06:22. As I spoke to him and the two females they tried to not say anything. With the help of the subjects in the street I learned that Silva had been at a party that night with the two females. He brought them home to one of the girls houses on Steve drive around 05:00. I spoke to the father of the house. He advised he had no knowledge that his daughter had snuck out to the party. He also said he did not know Silva was in his house nor was he welcome. I spoke to the other females mother over the phone. She did not know that her daughter was at the house on Steve Drive. She was furious to find out her daughter was there. Furthermore, she did not know her daughter was at a party or know who Silva was.</p> <p>Silva was arrested with two counts of contributing to the delinquency of a minor and taken to the jail. Both females were charged with curfew violations and one with underage consumption. See also report 2013-c-09555. End of report</p>	

OFFENDER / ARRESTEE	NUMBER OF OFFENDER (S): <u>1</u> IF MORE THEN (1) OFFENDER, PROVIDE ADDITIONAL INFORMATION ON SUPPLEMENT SHEET					OFFENDER ARRESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		ARREST DATE <u>03/06/2013</u>		
	OFFENDER # <u>1</u>	(LAST) <u>Silva</u>		(FIRST) <u>Moises</u>		(MIDDLE)		HOME PHONE <u>(931) 398-8726</u>		
	ADDRESS [REDACTED]	CITY <u>Columbia</u>	STATE <u>Tn</u>	ZIP <u>38401</u>	WORK PHONE					
	DOB <u>/1983</u>	AGE <u>29</u>	HEIGHT <u>5'10"</u>	WEIGHT <u>180</u>	EYE <u>Bro</u>	HAIR <u>Blk</u>	DRIVER'S LICENSE # <u>094162009</u>	STATE <u>Tn</u>	SSN <u>5377</u>	
	SEX M <input checked="" type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN	RACE W <input checked="" type="checkbox"/> WHITE B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN	ADDITIONAL DESCRIPTION (CLOTHING) SCARS / MARKS / TATTOOS MISC							
	ARRESTEE ARMED WITH (CHECK UP TO TWO) ENTER A IN BOX IF AUTOMATIC 01 <input checked="" type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (TYPE NOT STATED) 12 <input type="checkbox"/> HANDGUN 13 <input type="checkbox"/> RIFLE				TYPE OF ARREST O <input checked="" type="checkbox"/> ON-VIEW S <input type="checkbox"/> SUMMONED / CITED T <input type="checkbox"/> TAKEN INTO CUSTODY		DISPOSITION OF ARRESTEE UNDER 18: H <input type="checkbox"/> HANDLED WITHIN DEPARTMENT R <input type="checkbox"/> REFERRED TO OTHER AUTHORITIES			
							TIBRS OFFENSE CODE (S) 1. <u>90z</u> 3. _____ 5. _____ 2. _____ 4. _____			
	ARRESTEE ETHNICITY: H <input checked="" type="checkbox"/> HISPANIC N <input type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN	RESIDENT STATUS: R <input checked="" type="checkbox"/> RESIDENT N <input type="checkbox"/> NON-RESIDENT U <input type="checkbox"/> UNKNOWN	MULTIPLE CLEARANCE INDICATOR M <input type="checkbox"/> MULTIPLE C <input type="checkbox"/> COUNT ARRESTEE N <input checked="" type="checkbox"/> NOT APPLICABLE	WAS THERE EVIDENCE SEIZED IN THIS CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, COMPLETE PROPERTY SEGMENT						
	FINGERPRINT CARD NO:									
	NUMBER OF VICTIM (S): <u>2</u>				IF MORE THEN (1) VICTIM, PROVIDE ADDITIONAL INFORMATION ON SUPPLEMENT SHEET IS THE VICTIM ALSO THE COMPLAINANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
VICTIM # <u>1</u>	(LAST) <u>Indermuehle</u>		(FIRST) <u>Jennifer</u>	(MIDDLE)		HOME PHONE <u>(931) 223-5616</u>				
ADDRESS [REDACTED]	CITY <u>Columbia</u>	STATE <u>Tn</u>	ZIP <u>38401</u>	WORK PHONE						
DOB <u>/1995</u>	AGE <u>17</u>	HEIGHT	WEIGHT	EYE	HAIR	DRIVER'S LICENSE #	STATE	SSN		
TYPE OF VICTIM (CHECK ONLY ONE) I <input checked="" type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT L <input type="checkbox"/> LAW ENFORCEMENT OFFICIAL	R <input type="checkbox"/> RELIGIOUS S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN	RACE W <input checked="" type="checkbox"/> WHITE B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN	SEX M <input type="checkbox"/> MALE F <input checked="" type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN	RESIDENT STATUS: R <input checked="" type="checkbox"/> RESIDENT N <input type="checkbox"/> NON-RESIDENT U <input type="checkbox"/> UNKNOWN	ETHNICITY: H <input type="checkbox"/> HISPANIC N <input checked="" type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN					
AGGRAVATED ASSAULT / HOMICIDE CIRCUMSTANCES: 01 <input type="checkbox"/> ARGUMENT 02 <input type="checkbox"/> ASSAULT ON LAW OFFICER 03 <input type="checkbox"/> DRUG DEALING 04 <input type="checkbox"/> GANGLAND 05 <input type="checkbox"/> JUVENILE GANG				INJURY TYPE (CHECK UP TO FIVE) 06 <input type="checkbox"/> LOVERS' QUARREL 07 <input type="checkbox"/> MERCY KILLING 08 <input type="checkbox"/> OTHER FELONY INVOLVED 09 <input type="checkbox"/> OTHER CIRMSTANCES 10 <input type="checkbox"/> UNKNOWN CIRMSTANCES			VICTIM CONNECTED TO OFFENSE NUMBER ABOVE: 1. <input checked="" type="checkbox"/> 4. <input type="checkbox"/> 2. <input type="checkbox"/> 5. <input type="checkbox"/> 3. <input type="checkbox"/>			
RELATIONSHIP OF VICTIM TO OFFENDER SE <input type="checkbox"/> SPOUSE GP <input type="checkbox"/> GRANDPARENT SS <input type="checkbox"/> STEP SIBLING BE <input type="checkbox"/> BABYSITTEE (BABY) EE <input type="checkbox"/> EMPLOYEE CS <input type="checkbox"/> COMMON-LAW SPOUSE GC <input type="checkbox"/> GRANDCHILD OF <input type="checkbox"/> OTHER FAMILY BG <input type="checkbox"/> BOY / GIRL FRIEND ER <input type="checkbox"/> EMPLOYER PA <input type="checkbox"/> PARENT IL <input type="checkbox"/> IN-LAW AQ <input checked="" type="checkbox"/> ACQUANITANCE CF <input type="checkbox"/> CHILD OF "B/G" ABOVE OK <input type="checkbox"/> OTHERWISE KNOWN SB <input type="checkbox"/> SIBLING SP <input type="checkbox"/> STEP PARENT FR <input type="checkbox"/> FRIEND HH <input type="checkbox"/> HOMOSEXUAL REL. ST <input type="checkbox"/> STRANGER CH <input type="checkbox"/> CHILD SC <input type="checkbox"/> STEP CHILD NE <input type="checkbox"/> NEIGHBOR XS <input type="checkbox"/> EX-SPOUSE VO <input type="checkbox"/> VICTIM WAS OFFENDER RU <input type="checkbox"/> RELATIONSHIP UNKNOWN										
IS THE VICTIM A COLLEGE STUDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NEGLECTFUL MANSLAUGHTER (CHECK ONE) 30 <input type="checkbox"/> CHILD PLAYING WITH GUN 31 <input type="checkbox"/> GUN CLEANING ACCIDENT 32 <input type="checkbox"/> HUNTING ACCIDENT 33 <input type="checkbox"/> OTHER NEGLECTFUL WEAPON HANDLING 34 <input type="checkbox"/> OTHER NEGLECTFUL KILLING			JUSTIFIABLE HOMICIDE (CHECK ONE) 20 <input type="checkbox"/> CRIMINAL KILLED BY PRIVATE CITIZEN 21 <input type="checkbox"/> CRIMINAL KILLED BY POLICE OFFICER / LAW ENFORCEMENT OFFICIAL		JUSTIFIABLE HOMICIDE CIRCUMSTANCES (CHECK ONE) A <input type="checkbox"/> ATTACKED POLICE OFFICER & THAT OFFICER KILLED CRIMINAL B <input type="checkbox"/> ATTACKED OFFICER & FELLOW OFFICER KILLED CRIMINAL C <input type="checkbox"/> CRIMINAL ATTACKED A CIVILIAN D <input type="checkbox"/> ATTEMPTED FLIGHT FROM A CRIME E <input type="checkbox"/> KILLED IN COMMISSION OF A CRIME F <input type="checkbox"/> RESISTED ARREST G <input type="checkbox"/> UNABLE TO DETERMINE / NOT ENOUGH INFORMATION			
DOMESTIC VIOLENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VICTIM TRANSPORTED TO SAFE PLACE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
DID INCIDENT INVOLVE A VIOLATION OF AN ORDER OF PROTECTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
WARRANT SIGNED BY (DOMESTIC VIOLENCE ONLY) <input type="checkbox"/> OFFICER <input type="checkbox"/> VICTIM <input type="checkbox"/> BOTH										

OFFENDER / ARRESTEE	NUMBER OF OFFENDER (S): _____ IF MORE THEN (1) OFFENDER, PROVIDE ADDITIONAL INFORMATION ON SUPPLEMENT SHEET				OFFENDER ARRESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		ARREST DATE			
	OFFENDER #	(LAST)	(FIRST)	(MIDDLE)				HOME PHONE		
	Same as above									
	ADDRESS		CITY		STATE		ZIP		WORK PHONE	
	DOB	AGE 0	HEIGHT	WEIGHT	EYE	HAIR	DRIVER'S LICENSE #	STATE	SSN	
	SEX	RACE	ADDITIONAL DESCRIPTION (CLOTHING)							
	M <input type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN	W <input type="checkbox"/> WHITE B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN	SCARS / MARKS / TATTOOS							
			MISC							
	ARRESTEE ARMED WITH (CHECK UP TO TWO) ENTER A IN BOX IF AUTOMATIC 01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN 13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM 16 <input type="checkbox"/> LETHAL CUTTING INSTRUMENT (TYPE NOT STATED) 17 <input type="checkbox"/> CLUB / BLACKJACK, BRASS KNUCKLES				TYPE OF ARREST <input type="checkbox"/> O ON-VIEW <input type="checkbox"/> S SUMMONED / CITED <input type="checkbox"/> T TAKEN INTO CUSTODY			DISPOSITION OF ARRESTEE UNDER 18: <input type="checkbox"/> H HANDLED WITHIN DEPARTMENT <input type="checkbox"/> R REFERRED TO OTHER AUTHORITIES		
								TIBRS OFFENSE CODE (S) 1. _____ 3. _____ 5. _____ 2. _____ 4. _____		
ARRESTEE ETHNICITY:		RESIDENT STATUS:		MULTIPLE CLEARANCE INDICATOR <input type="checkbox"/> M MULTIPLE <input type="checkbox"/> C COUNT ARRESTEE <input type="checkbox"/> N NOT APPLICABLE			WAS THERE EVIDENCE SEIZED IN THIS CASE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE PROPERTY SEGMENT			
FINGERPRINT CARD NO: _____										
NUMBER OF VICTIM (S): 2				IF MORE THEN (1) VICTIM, PROVIDE ADDITIONAL INFORMATION ON SUPPLEMENT SHEET IS THE VICTIM ALSO THE COMPLAINANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
VICTIM #	(LAST)	(FIRST)	(MIDDLE)				HOME PHONE			
2	Kelley	Breanna	Paige				(931) 223-5744			
ADDRESS		CITY		STATE		ZIP		WORK PHONE		
DOB 03/03/1997	AGE 15	HEIGHT	WEIGHT	EYE	HAIR	DRIVER'S LICENSE #	STATE	SSN		
TYPE OF VICTIM (CHECK ONLY ONE) I <input checked="" type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT L <input type="checkbox"/> LAW ENFORCEMENT OFFICIAL R <input type="checkbox"/> RELIGIOUS S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN				RACE W <input checked="" type="checkbox"/> WHITE B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN		SEX M <input type="checkbox"/> MALE F <input checked="" type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN		RESIDENT STATUS: R <input checked="" type="checkbox"/> RESIDENT N <input type="checkbox"/> NON-RESIDENT U <input type="checkbox"/> UNKNOWN	ETHNICITY: H <input type="checkbox"/> HISPANIC N <input checked="" type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN	
AGGRAVATED ASSAULT / HOMICIDE CIRCUMSTANCES: 01 <input type="checkbox"/> ARGUMENT 02 <input type="checkbox"/> ASSAULT ON LAW OFFICER 03 <input type="checkbox"/> DRUG DEALING 04 <input type="checkbox"/> GANGLAND 05 <input type="checkbox"/> JUVENILE GANG 06 <input type="checkbox"/> LOVERS' QUARREL 07 <input type="checkbox"/> MERCY KILLING 08 <input type="checkbox"/> OTHER FELONY INVOLVED 09 <input type="checkbox"/> OTHER CIRMTANCES 10 <input type="checkbox"/> UNKNOWN CIRMTANCES				INJURY TYPE (CHECK UP TO FIVE) N <input checked="" type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONES I <input type="checkbox"/> POSS. INT. INJURY L <input type="checkbox"/> SEVERE LACERATION M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS			VICTIM CONNECTED TO OFFENSE NUMBER ABOVE: 1. <input type="checkbox"/> 4. <input type="checkbox"/> 2. <input checked="" type="checkbox"/> 5. <input type="checkbox"/> 3. <input type="checkbox"/>			
RELATIONSHIP OF VICTIM TO OFFENDER SE <input type="checkbox"/> SPOUSE GP <input type="checkbox"/> GRANDPARENT SS <input type="checkbox"/> STEP SIBLING BE <input type="checkbox"/> BABYSITTER (BABY) ER <input type="checkbox"/> EMPLOYER CS <input type="checkbox"/> COMMON-LAW SPOUSE GC <input type="checkbox"/> GRANDCHILD OF <input type="checkbox"/> OTHER FAMILY BG <input type="checkbox"/> BOY / GIRL FRIEND OK <input type="checkbox"/> OTHERWISE KNOWN PA <input type="checkbox"/> PARENT IL <input type="checkbox"/> IN-LAW AQ <input checked="" type="checkbox"/> ACQUANITANCE CF <input type="checkbox"/> CHILD OF "B/G" ABOVE ST <input type="checkbox"/> STRANGER SB <input type="checkbox"/> SIBLING SP <input type="checkbox"/> STEP PARENT FR <input type="checkbox"/> FRIEND HH <input type="checkbox"/> HOMOSEXUAL REL. VO <input type="checkbox"/> VICTIM WAS OFFENDER CH <input type="checkbox"/> CHILD SC <input type="checkbox"/> STEP CHILD NE <input type="checkbox"/> NEIGHBOR XS <input type="checkbox"/> EX-SPOUSE RU <input type="checkbox"/> RELATIONSHIP UNKNOWN										
IS THE VICTIM A COLLEGE STUDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DID OFFENSE OCCUR ON CAMPUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO COL:		NEGLIGENT MANSLAUGHTER (CHECK ONE) 30 <input type="checkbox"/> CHILD PLAYING WITH GUN 31 <input type="checkbox"/> GUN CLEANING ACCIDENT 32 <input type="checkbox"/> HUNTING ACCIDENT 33 <input type="checkbox"/> OTHER NEGLIGENT WEAPON HANDLING 34 <input type="checkbox"/> OTHER NEGLIGENT KILLING			JUSTIFIABLE HOMICIDE (CHECK ONE) 20 <input type="checkbox"/> CRIMINAL KILLED BY PRIVATE CITIZEN 21 <input type="checkbox"/> CRIMINAL KILLED BY POLICE OFFICER / LAW ENFORCEMENT OFFICIAL		JUSTIFIABLE HOMICIDE CIRCUMSTANCES (CHECK ONE) A <input type="checkbox"/> ATTACKED POLICE OFFICER & THAT OFFICER KILLED CRIMINAL B <input type="checkbox"/> ATTACKED OFFICER & FELLOW OFFICER KILLED CRIMINAL C <input type="checkbox"/> CRIMINAL ATTACKED A CIVILIAN D <input type="checkbox"/> ATTEMPTED FLIGHT FROM A CRIME E <input type="checkbox"/> KILLED IN COMMISSION OF A CRIME F <input type="checkbox"/> RESISTED ARREST G <input type="checkbox"/> UNABLE TO DETERMINE / NOT ENOUGH INFORMATION			
DOMESTIC VIOLENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VICTIM TRANSPORTED TO SAFE PLACE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DID INCIDENT INVOLVE A VIOLATION OF AN ORDER OF PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO		WARRANT SIGNED BY (DOMESTIC VIOLENCE ONLY) <input type="checkbox"/> OFFICER <input type="checkbox"/> VICTIM <input type="checkbox"/> BOTH								